

114TH CONGRESS
1ST SESSION

H. R. 4063

To improve the use by the Secretary of Veterans Affairs of opioids in treating veterans, to improve patient advocacy by the Secretary, and to expand the availability of complementary and integrative health, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

NOVEMBER 18, 2015

Mr. BILIRAKIS (for himself, Mr. KIND, Miss RICE of New York, Mrs. WALORSKI, Mr. MCKINLEY, Mr. BOST, Mr. COFFMAN, Mr. ROSS, Mr. RYAN of Ohio, Mrs. RADEWAGEN, Mr. CRAWFORD, Mr. MICA, Ms. FRANKEL of Florida, Ms. KUSTER, Mr. McCAUL, and Mr. WALZ) introduced the following bill; which was referred to the Committee on Veterans' Affairs, and in addition to the Committee on Armed Services, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To improve the use by the Secretary of Veterans Affairs of opioids in treating veterans, to improve patient advocacy by the Secretary, and to expand the availability of complementary and integrative health, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

2 (a) SHORT TITLE.—This Act may be cited as the
 3 “Promoting Responsible Opioid Management and Incor-
 4 porating Scientific Expertise Act” or the “Jason
 5 Simcakoski PROMISE Act”.

6 (b) TABLE OF CONTENTS.—The table of contents for
 7 this Act is as follows:

Sec. 1. Short title; table of contents.

TITLE I—OPIOID THERAPY AND PAIN MANAGEMENT

Sec. 101. Guidelines on management of opioid therapy by Department of Veterans Affairs and Department of Defense and implementation of such guidelines by Department of Veterans Affairs.

Sec. 102. Improvement of opioid safety measures by Department of Veterans Affairs.

Sec. 103. Strengthening of joint working group on pain management of the Department of Veterans Affairs and the Department of Defense.

Sec. 104. Review, investigation, and report on use of opioids in treatment by Department of Veterans Affairs.

TITLE II—PATIENT ADVOCACY

Sec. 201. Community meetings on improving care furnished by Department of Veterans Affairs.

Sec. 202. Improvement of awareness of patient advocacy program and patient bill of rights of Department of Veterans Affairs.

Sec. 203. Comptroller general report on patient advocacy program of Department of Veterans Affairs.

TITLE III—COMPLEMENTARY AND INTEGRATIVE HEALTH

Sec. 301. Expansion of research and education on and delivery of complementary and integrative health to veterans.

Sec. 302. Pilot program on integration of complementary alternative medicines and related issues for veterans and family members of veterans.

TITLE IV—FITNESS OF HEALTH CARE PROVIDERS

Sec. 401. Additional requirements for hiring of health care providers by Department of Veterans Affairs.

Sec. 402. Provision of information on health care providers of Department of Veterans Affairs to State Medical Boards.

Sec. 403. Report on compliance by Department of Veterans Affairs with reviews of health care providers leaving the Department or transferring to other facilities.

TITLE V—OTHER VETERANS MATTERS

Sec. 501. Audit of Veterans Health Administration programs of Department of Veterans Affairs.

1 **TITLE I—OPIOID THERAPY AND**
2 **PAIN MANAGEMENT**

3 **SEC. 101. GUIDELINES ON MANAGEMENT OF OPIOID THER-**
4 **APY BY DEPARTMENT OF VETERANS AFFAIRS**
5 **AND DEPARTMENT OF DEFENSE AND IMPLE-**
6 **MENTATION OF SUCH GUIDELINES BY DE-**
7 **PARTMENT OF VETERANS AFFAIRS.**

8 (a) IN GENERAL.—Not later than one year after the
9 date of the enactment of this Act, the Secretary of Vet-
10 erans Affairs and the Secretary of Defense shall jointly
11 update the VA/DOD Clinical Practice Guideline for Man-
12 agement of Opioid Therapy for Chronic Pain to include
13 the following:

14 (1) In accordance with subsection (b), common
15 recommended guidelines for safely prescribing
16 opioids for the treatment of chronic, non-cancer pain
17 in outpatient settings as compiled by the Director of
18 the Centers for Disease Control and Prevention.

19 (2) Enhanced guidance with respect to—

20 (A) the administration of two or more
21 drugs that may result in a life-limiting drug-to-
22 drug interaction, including benzodiazepines;

1 (B) the treatment of patients with current
2 acute psychiatric instability or substance use
3 disorder or patients at risk of suicide; and

4 (C) the use of opioid therapy to treat men-
5 tal health disorders other than opioid use dis-
6 order.

7 (3) Enhanced guidance with respect to the
8 treatment of patients with behaviors or
9 comorbidities, such as post-traumatic stress dis-
10 order, psychiatric disorders, or a history of sub-
11 stance abuse or addiction, that requires a consulta-
12 tion or comanagement of opioid therapy with one or
13 more specialists in pain management, mental health,
14 or addictions.

15 (4) Enhanced guidance with respect to the con-
16 duct by health care providers of an effective assess-
17 ment for patients receiving opioid therapy, including
18 patients on long-term opioid therapy, to determine—

19 (A) whether opioid therapy is meeting the
20 expected goals of the patient and health care
21 provider of relieving pain, improving function,
22 and providing patient satisfaction; and

23 (B) whether opioid therapy should be con-
24 tinued.

1 (5) Guidance that each health care provider of
2 the Department of Veterans Affairs and the Depart-
3 ment of Defense, before initiating opioid therapy to
4 treat a patient as part of the comprehensive assess-
5 ment conducted by the health care provider, use the
6 Opioid Therapy Risk Report tool of the Department
7 of Veterans Affairs (or successor tool), which shall
8 include the ability to access the most recent patient
9 information from the prescription drug monitoring
10 program of each State that has such a program to
11 assess the risk for adverse outcomes of opioid ther-
12 apy for the patient, including with respect to the
13 concurrent use of controlled substances, including
14 benzodiazepines.

15 (6) Guidelines to govern the methodologies used
16 by health care providers of the Department of Vet-
17 erans Affairs and the Department of Defense to
18 safely titrate and taper opioid therapy when adjust-
19 ing or discriminating the use of opioid therapy, in-
20 cluding with respect to—

21 (A) prescription of the lowest effective dose
22 based on patient need;

23 (B) use of opioid only for a limited period
24 of time; and

1 (C) augmentation of opioid therapy with
2 other pain management therapies and modali-
3 ties.

4 (7) Guidelines with respect to appropriate case
5 management for patients receiving opioid therapy
6 who transition between inpatient and outpatient
7 health care settings, which may include the use of
8 care transition plans.

9 (8) Guidelines with respect to appropriate
10 transfer of case management responsibility for pa-
11 tients receiving opioid therapy who transition from
12 receiving care furnished by the Secretary of Defense
13 to receiving care furnished by other health care pro-
14 viders after the patient has been discharged or sepa-
15 rated from the Armed Forces.

16 (9) Enhanced standards with respect to the use
17 of routine and random urine drug tests for all pa-
18 tients before and during opioid therapy to help pre-
19 vent substance abuse, dependence, and diversion, in-
20 cluding—

21 (A) that such tests occur not less fre-
22 quently than once each year; and

23 (B) that health care providers appro-
24 priately interpret and respond to the results
25 from such tests to tailor pain therapy, safe-

1 guards, and risk management strategies to each
2 patient.

3 (10) Guidance that health care providers dis-
4 cuss with patients, before initiating opioid therapy,
5 options for pain management therapies without the
6 use of opioids and options to augment opioid therapy
7 with other clinical and complementary and integra-
8 tive health services to minimize opioid dependence.

9 (b) TREATMENT OF CERTAIN GUIDELINES DEVEL-
10 OPED AFTER DEADLINE.—If the Director of the Centers
11 for Disease Control and Prevention issues the guidelines
12 described in paragraph (1) of subsection (a) after the date
13 on which the Secretary of Veterans Affairs and the Sec-
14 retary of Defense jointly update the VA/DOD Clinical
15 Practice Guideline for Management of Opioid Therapy for
16 Chronic Pain pursuant to such subsection, the Secretaries
17 shall jointly modify the VA/DOD Clinical Practice Guide-
18 line for Management of Opioid Therapy for Chronic Pain
19 to incorporate such guidelines of the Director.

20 (c) CONSULTATION BEFORE UPDATE.—Before up-
21 dating the guideline under subsection (a), the Secretary
22 of Veterans Affairs and the Secretary of Defense shall
23 jointly consult with the Pain Management Working Group
24 of the Department of Veterans Affairs—Department of De-

1 fense Joint Executive Committee established by section
2 320 of title 38, United States Code.

3 (d) DEFINITIONS.—In this section:

4 (1) The term “controlled substance” has the
5 meaning given that term in section 102 of the Con-
6 trolled Substances Act (21 U.S.C. 802).

7 (2) The term “State” means each of the several
8 States, territories, and possessions of the United
9 States, the District of Columbia, and the Common-
10 wealth of Puerto Rico.

11 **SEC. 102. IMPROVEMENT OF OPIOID SAFETY MEASURES BY**
12 **DEPARTMENT OF VETERANS AFFAIRS.**

13 (a) EXPANSION OF OPIOID SAFETY INITIATIVE.—
14 Not later than 180 days after the date of the enactment
15 of this Act, the Secretary of Veterans Affairs shall expand
16 the Opioid Safety Initiative of the Department of Veterans
17 Affairs to include all medical facilities of the Department.

18 (b) PAIN MANAGEMENT EDUCATION AND TRAIN-
19 ING.—

20 (1) IN GENERAL.—In carrying out the Opioid
21 Safety Initiative of the Department, the Secretary
22 shall require all employees of the Department re-
23 sponsible for prescribing opioids to receive education
24 and training described in paragraph (2).

1 (2) EDUCATION AND TRAINING.—Education
2 and training described in this paragraph is edu-
3 cation and training on pain management and safe
4 opioid prescribing practices for purposes of safely
5 and effectively managing patients with chronic pain,
6 including education and training on the following:

7 (A) The implementation of and full compli-
8 ance with the VA/DOD Clinical Practice Guide-
9 line for Management of Opioid Therapy for
10 Chronic Pain, including any update to such
11 guideline.

12 (B) The use of evidence-based pain man-
13 agement therapies, including cognitive-behav-
14 ioral therapy, non-opioid alternatives, and non-
15 drug methods and procedures to managing pain
16 and related health conditions including com-
17 plementary alternative medicines.

18 (C) Screening and identification of patients
19 with substance use disorder, including drug-
20 seeking behavior, before prescribing opioids, as-
21 sessment of risk potential for patients devel-
22 oping an addiction, and referral of patients to
23 appropriate addiction treatment professionals if
24 addiction is identified or strongly suspected.

1 (D) Communication with patients on the
2 potential harm associated with the use of
3 opioids and other controlled substances, includ-
4 ing the need to safely store and dispose of sup-
5 plies relating to the use of opioids and other
6 controlled substances.

7 (E) Such other education and training as
8 the Secretary considers appropriate to ensure
9 that veterans receive safe and high-quality pain
10 management care from the Department.

11 (3) USE OF EXISTING PROGRAM.—In providing
12 education and training described in paragraph (2),
13 the Secretary shall use the Interdisciplinary Chronic
14 Pain Management Training Team Program of the
15 Department (or success program).

16 (c) PAIN MANAGEMENT TEAMS.—

17 (1) IN GENERAL.—In carrying out the Opioid
18 Safety Initiative of the Department, the director of
19 each medical facility of the Department shall iden-
20 tify and designate a pain management team of
21 health care professionals, which may include board
22 certified pain medicine specialists, responsible for co-
23 ordinating and overseeing pain management therapy
24 at such facility for patients experiencing acute and
25 chronic pain that is non-cancer related.

1 (2) ESTABLISHMENT OF PROTOCOLS.—

2 (A) IN GENERAL.—In consultation with
3 the Directors of each Veterans Integrated Serv-
4 ice Network, the Secretary shall establish
5 standard protocols for the designation of pain
6 management teams at each medical facility
7 within the Department.

8 (B) CONSULTATION ON PRESCRIPTION OF
9 OPIOIDS.—Each protocol established under sub-
10 paragraph (A) shall ensure that any health care
11 provider without expertise in prescribing anal-
12 gesics or who has not completed the education
13 and training under subsection (b), including a
14 mental health care provider, does not prescribe
15 opioids to a patient unless that health care pro-
16 vider—

17 (i) consults with a health care pro-
18 vider with pain management expertise or
19 who is on the pain management team of
20 the medical facility; and

21 (ii) refers the patient to the pain man-
22 agement team for any subsequent prescrip-
23 tions and related therapy.

24 (3) REPORT.—

1 (A) IN GENERAL.—Not later than one year
2 after the date of enactment of this Act, the di-
3 rector of each medical facility of the Depart-
4 ment shall submit to the Under Secretary for
5 Health and the director of the Veterans Inte-
6 grated Service Network in which the medical fa-
7 cility is located a report identifying the health
8 care professionals that have been designated as
9 members of the pain management team at the
10 medical facility pursuant to paragraph (1).

11 (B) ELEMENTS.—Each report submitted
12 under subparagraph (A) with respect to a med-
13 ical facility of the Department shall include—

14 (i) a certification as to whether all
15 members of the pain management team at
16 the medical facility have completed the
17 education and training required under sub-
18 section (b); and

19 (ii) a plan for the management and
20 referral of patients to such pain manage-
21 ment team if health care providers without
22 expertise in prescribing analgesics pre-
23 scribe opioid medications to treat acute
24 and chronic pain that is non-cancer re-
25 lated.

1 (d) TRACKING AND MONITORING OF OPIOID USE.—

2 (1) PRESCRIPTION DRUG MONITORING PRO-
3 GRAMS OF STATES.—In carrying out the Opioid
4 Safety Initiative and the Opioid Therapy Risk Re-
5 port tool of the Department, the Secretary shall—

6 (A) ensure access by health care providers
7 of the Department to information on controlled
8 substances, including opioids and
9 benzodiazepines, prescribed to veterans who re-
10 ceive care outside the Department through the
11 prescription drug monitoring program of each
12 State with such a program, including by seek-
13 ing to enter into memoranda of understanding
14 with States to allow shared access of such infor-
15 mation between States and the Department;

16 (B) include such information in the Opioid
17 Therapy Risk Report; and

18 (C) require health care providers of the
19 Department to submit to the prescription drug
20 monitoring program of each State information
21 on prescriptions of controlled substances re-
22 ceived by veterans in that State under the laws
23 administered by the Secretary.

24 (2) REPORT ON TRACKING OF DATA ON OPIOID
25 USE.—Not later than 18 months after the date of

1 the enactment of this Act, the Secretary shall submit
2 to the Committee on Veterans' Affairs of the Senate
3 and the Committee on Veterans' Affairs of the
4 House of Representatives a report on the feasibility
5 and advisability of improving the Opioid Therapy
6 Risk Report tool of the Department to allow for
7 more advanced real-time tracking of and access to
8 data on—

9 (A) the key clinical indicators with respect
10 to the totality of opioid use by veterans;

11 (B) concurrent prescribing by health care
12 providers of the Department of opioids in dif-
13 ferent health care settings, including data on
14 concurrent prescribing of opioids to treat men-
15 tal health disorders other than opioid use dis-
16 order; and

17 (C) mail-order prescriptions of opioid pre-
18 scribed to veterans under the laws administered
19 by the Secretary.

20 (e) AVAILABILITY OF OPIOID RECEPTOR ANTAGO-
21 NISTS.—

22 (1) INCREASED AVAILABILITY AND USE.—

23 (A) IN GENERAL.—The Secretary shall
24 maximize the availability of opioid receptor an-

1 tagonists approved by the Food and Drug Ad-
2 ministration, including naloxone, to veterans.

3 (B) AVAILABILITY, TRAINING, AND DIS-
4 TRIBUTING.—In carrying out subparagraph
5 (A), not later than 90 days after the date of the
6 enactment of this Act, the Secretary shall—

7 (i) equip each pharmacy of the De-
8 partment with opioid receptor antagonists
9 approved by the Food and Drug Adminis-
10 tration to be dispensed to outpatients as
11 needed; and

12 (ii) expand the Overdose Education
13 and Naloxone Distribution program of the
14 Department to ensure that all veterans in
15 receipt of health care under laws adminis-
16 tered by the Secretary who are at risk of
17 opioid overdose may access such opioid re-
18 ceptor antagonists and training on the
19 proper administration of such opioid recep-
20 tor antagonists.

21 (C) VETERANS WHO ARE AT RISK.—For
22 purposes of subparagraph (B), veterans who are
23 at risk of opioid overdose include—

24 (i) veterans receiving long-term opioid
25 therapy;

- 1 (ii) veterans receiving opioid therapy
2 who have a history of substance use dis-
3 order or prior instances of overdose; and
4 (iii) veterans who are at risk as deter-
5 mined by a health care provider who is
6 treating the veteran.

7 (2) REPORT.—Not later than 120 days after
8 the date of the enactment of this Act, the Secretary
9 shall submit to the Committee on Veterans’ Affairs
10 of the Senate and the Committee on Veterans’ Af-
11 fairs of the House of Representatives a report on
12 carrying out paragraph (1), including an assessment
13 of any remaining steps to be carried out by the Sec-
14 retary to carry out such paragraph.

15 (f) INCLUSION OF CERTAIN INFORMATION AND CA-
16 PABILITIES IN OPIOID THERAPY RISK REPORT TOOL OF
17 THE DEPARTMENT.—

18 (1) INFORMATION.—The Secretary shall include
19 in the Opioid Therapy Risk Report tool of the De-
20 partment—

21 (A) information on the most recent time
22 the tool was accessed by a health care provider
23 of the Department with respect to each veteran;
24 and

1 (B) information on the results of the most
2 recent urine drug test for each veteran.

3 (2) CAPABILITIES.—The Secretary shall include
4 in the Opioid Therapy Risk Report tool the ability
5 of the health care providers of the Department to
6 determine whether a health care provider of the De-
7 partment prescribed opioids to a veteran without
8 checking the information in the tool with respect to
9 the veteran.

10 (g) NOTIFICATIONS OF RISK IN COMPUTERIZED
11 HEALTH RECORD.—The Secretary shall modify the com-
12 puterized patient record system of the Department to en-
13 sure that any health care provider that accesses the record
14 of a veteran, regardless of the reason the veteran seeks
15 care from the health care provider, will be immediately no-
16 tified whether the veteran—

17 (1) is receiving opioid therapy and has a history
18 of substance use disorder or prior instances of over-
19 dose;

20 (2) has a history of opioid abuse; or

21 (3) is at risk of becoming an opioid abuser as
22 determined by a health care provider who is treating
23 the veteran.

24 (h) DEFINITIONS.—In this section:

1 (1) The term “controlled substance” has the
2 meaning given that term in section 102 of the Con-
3 trolled Substances Act (21 U.S.C. 802).

4 (2) The term “State” means each of the several
5 States, territories, and possessions of the United
6 States, the District of Columbia, and the Common-
7 wealth of Puerto Rico.

8 **SEC. 103. STRENGTHENING OF JOINT WORKING GROUP ON**
9 **PAIN MANAGEMENT OF THE DEPARTMENT**
10 **OF VETERANS AFFAIRS AND THE DEPART-**
11 **MENT OF DEFENSE.**

12 (a) IN GENERAL.—Not later than 90 days after the
13 date of enactment of this Act, the Secretary of Veterans
14 Affairs and the Secretary of Defense shall ensure that the
15 Pain Management Working Group of the Health Execu-
16 tive Committee of the Department of Veterans Affairs—
17 Department of Defense Joint Executive Committee estab-
18 lished under section 320 of title 38, United States Code,
19 includes a focus on the following:

20 (1) The opioid prescribing practices of health
21 care providers of each Department.

22 (2) The ability of each Department to manage
23 acute and chronic pain among individuals receiving
24 health care from the Department, including training

1 health care providers with respect to pain manage-
2 ment.

3 (3) The use by each Department of complemen-
4 tary and integrative health and complementary alter-
5 native medicines in treating such individuals.

6 (4) The concurrent use by health care providers
7 of each Department of opioids and prescription
8 drugs to treat mental health disorders, including
9 benzodiazepines.

10 (5) The practice by health care providers of
11 each Department of prescribing opioids to treat
12 mental health disorders.

13 (6) The coordination in coverage of and con-
14 sistent access to medications prescribed for patients
15 transitioning from receiving health care from the
16 Department of Defense to receiving health care from
17 the Department of Veterans Affairs.

18 (7) The ability of each Department to identify
19 and treat substance use disorders among individuals
20 receiving health care from that Department.

21 (b) COORDINATION AND CONSULTATION.—The Sec-
22 retary of Veterans Affairs and the Secretary of Defense
23 shall ensure that the working group described in sub-
24 section (a)—

1 (1) coordinates the activities of the working
2 group with other relevant working groups estab-
3 lished under section 320 of title 38, United States
4 Code, including the working groups on evidence-
5 based practice, patient safety, pharmacy, psycho-
6 logical health, and psychological health;

7 (2) consults with other relevant Federal agen-
8 cies, including the Centers for Disease Control and
9 Prevention, with respect to the activities of the
10 working group; and

11 (3) consults with the Department of Veterans
12 Affairs and the Department of Defense with respect
13 to, reviews, and comments on the VA/DOD Clinical
14 Practice Guideline for Management of Opioid Ther-
15 apy for Chronic Pain, or any successor guideline, be-
16 fore any update to the guideline is released.

17 (c) CONSULTATIONS.—The Secretary of Veterans Af-
18 fairs and the Secretary of Defense shall ensure that the
19 working group described in subsection (a) is able to mean-
20 ingfully consult with respect to the updated guideline re-
21 quired under subsection (a) of section 101, as required
22 by subsection (b) of such section, not later than 1 year
23 after the date of enactment of this Act.

1 **SEC. 104. REVIEW, INVESTIGATION, AND REPORT ON USE**
2 **OF OPIOIDS IN TREATMENT BY DEPARTMENT**
3 **OF VETERANS AFFAIRS.**

4 (a) COMPTROLLER GENERAL REPORT.—

5 (1) IN GENERAL.—Not later than two years
6 after the date of the enactment of this Act, the
7 Comptroller General of the United States shall sub-
8 mit to the Committee on Veterans' Affairs of the
9 Senate and the Committee on Veterans' Affairs of
10 the House of Representatives a report on the Opioid
11 Safety Initiative of the Department of Veterans Af-
12 fairs and the opioid prescribing practices of health
13 care providers of the Department.

14 (2) ELEMENTS.—The report submitted under
15 paragraph (1) shall include the following:

16 (A) Recommendations on such improve-
17 ments to the Opioid Safety Initiative of the De-
18 partment as the Comptroller General considers
19 appropriate.

20 (B) Information with respect to—

21 (i) deaths resulting from sentinel
22 events involving veterans prescribed opioids
23 by a health care provider of the Depart-
24 ment;

25 (ii) overall prescription rates and pre-
26 scriptions indications of opioids to treat

1 non-cancer, non-palliative, and non-hospice
2 care patients;

3 (iii) the prescription rates and pre-
4 scriptions indications of benzodiazepines
5 and opioids concomitantly by health care
6 providers of the Department;

7 (iv) the practice by health care pro-
8 viders of the Department of prescribing
9 opioids to treat patients without any pain,
10 including to treat patients with mental
11 health disorders other than opioid use dis-
12 order; and

13 (v) the effectiveness of opioid therapy
14 for patients receiving such therapy, includ-
15 ing the effectiveness of long-term opioid
16 therapy.

17 (C) An evaluation of processes of the De-
18 partment in place to oversee opioid use among
19 veterans, including procedures to identify and
20 remedy potential over-prescribing of opioids by
21 health care providers of the Department.

22 (D) An assessment of the implementation
23 by the Secretary of the VA/DOD Clinical Prac-
24 tice Guideline for Management of Opioid Ther-
25 apy for Chronic Pain.

1 (b) QUARTERLY PROGRESS REPORT ON IMPLEMEN-
2 TATION OF COMPTROLLER GENERAL RECOMMENDA-
3 TIONS.—Not later than two years after the date of the
4 enactment of this Act, and not later than 30 days after
5 the end of each quarter thereafter, the Secretary of Vet-
6 erans Affairs shall submit to the Committee on Veterans’
7 Affairs of the Senate and the Committee on Veterans’ Af-
8 fairs of the House of Representatives a progress report
9 detailing the actions by the Secretary during the period
10 covered by the report to address any outstanding findings
11 and recommendations by the Comptroller General of the
12 United States under subsection (a) with respect to the
13 Veterans Health Administration.

14 (c) ANNUAL REVIEW OF PRESCRIPTION RATES.—
15 Not later than one year after the date of the enactment
16 of this Act, and not less frequently than annually for the
17 following five years, the Secretary shall submit to the
18 Committee on Veterans’ Affairs of the Senate and the
19 Committee on Veterans’ Affairs of the House of Rep-
20 resentatives a report, with respect to each medical facility
21 of the Department of Veterans Affairs, to collect and re-
22 view information on opioids prescribed by health care pro-
23 viders at the facility to treat non-cancer, non-palliative,
24 and non-hospice care patients that contains, for the one-

1 year period preceding the submission of the report, the
2 following:

3 (1) The number of patients and the percentage
4 of the patient population of the Department who
5 were prescribed benzodiazepines and opioids concur-
6 rently by a health care provider of the Department.

7 (2) The number of patients and the percentage
8 of the patient population of the Department without
9 any pain who were prescribed opioids by a health
10 care provider of the Department, including those
11 who were prescribed benzodiazepines and opioids
12 concurrently.

13 (3) The number of non-cancer, non-palliative,
14 and non-hospice care patients and the percentage of
15 such patients who were treated with opioids by a
16 health care provider of the Department on an inpa-
17 tient-basis and who also received prescription opioids
18 by mail from the Department while being treated on
19 an inpatient-basis.

20 (4) The number of non-cancer, non-palliative,
21 and non-hospice care patients and the percentage of
22 such patients who were prescribed opioids concur-
23 rently by a health care provider of the Department
24 and a health care provider that is not health care
25 provider of the Department.

1 (5) With respect to each medical facility of the
2 Department, information on opioids prescribed by
3 health care providers at the facility to treat non-can-
4 cer, non-palliative, and non-hospice care patients, in-
5 cluding information on—

6 (A) the prescription rate at which each
7 health care provider at the facility prescribed
8 benzodiazepines and opioids concurrently to
9 such patients and the aggregate such prescrip-
10 tion rate for all health care providers at the fa-
11 cility;

12 (B) the prescription rate at which each
13 health care provider at the facility prescribed
14 benzodiazepines or opioids to such patients to
15 treat conditions for which benzodiazepines or
16 opioids are not approved treatment and the ag-
17 gregate such prescription rate for all health
18 care providers at the facility;

19 (C) the prescription rate at which each
20 health care provider at the facility prescribed or
21 dispensed mail-order prescriptions of opioids to
22 such patients while such patients were being
23 treated with opioids on an inpatient-basis and
24 the aggregate of such prescription rate for all
25 health care providers at the facility; and

1 (D) the prescription rate at which each
2 health care provider at the facility prescribed
3 opioids to such patients who were also concur-
4 rently prescribed opioids by a health care pro-
5 vider that is not a health care provider of the
6 Department and the aggregate of such prescrip-
7 tion rates for all health care providers at the fa-
8 cility.

9 (6) With respect to each medical facility of the
10 Department, the number of times a pharmacist at
11 the facility overrode a critical drug interaction warn-
12 ing with respect to an interaction between opioids
13 and another medication before dispensing such medi-
14 cation to a veteran.

15 (d) INVESTIGATION OF PRESCRIPTION RATES.—If
16 the Secretary determines that a prescription rate with re-
17 spect to a health care provider or medical facility of the
18 Department conflicts with or is otherwise inconsistent
19 with the standards of appropriate and safe care, the Sec-
20 retary shall—

21 (1) immediately notify the Committee on Vet-
22 erans' Affairs of the Senate and the Committee on
23 Veterans' Affairs of the House of Representatives of
24 such determination, including information relating to
25 such determination, prescription rate, and health

1 care provider or medical facility, as the case may be;
2 and

3 (2) through the Office of the Medical Inspector
4 of the Veterans Health Administration, conduct a
5 full investigation of the health care provider or med-
6 ical facility, as the case may be.

7 (e) PRESCRIPTION RATE DEFINED.—In this section,
8 the term “prescription rate” means, with respect to a
9 health care provider or medical facility of the Department,
10 each of the following:

11 (1) The number of patients treated with opioids
12 by the health care provider or at the medical facility,
13 as the case may be, divided by the total number of
14 pharmacy users of that health care provider or med-
15 ical facility.

16 (2) The average number of morphine equiva-
17 lents per day prescribed by the health care provider
18 or at the medical facility, as the case may be, to pa-
19 tients being treated with opioids.

20 (3) Of the patients being treated with opioids
21 by the health care provider or at the medical facility,
22 as the case may be, the average number of prescrip-
23 tions of opioids per patient.

1 **TITLE II—PATIENT ADVOCACY**

2 **SEC. 201. COMMUNITY MEETINGS ON IMPROVING CARE**
3 **FURNISHED BY DEPARTMENT OF VETERANS**
4 **AFFAIRS.**

5 (a) COMMUNITY MEETINGS.—

6 (1) MEDICAL CENTERS.—Not later than 90
7 days after the date of the enactment of this Act, and
8 not less frequently than once every 90 days there-
9 after, the Secretary shall ensure that each medical
10 facility of the Department of Veterans Affairs hosts
11 a community meeting open to the public on improv-
12 ing health care furnished by the Secretary.

13 (2) COMMUNITY BASED OUTPATIENT CLIN-
14 ICS.—Not later than one year after the date of the
15 enactment of this Act, and not less frequently than
16 annually thereafter, the Secretary shall ensure that
17 each community based outpatient clinic of the De-
18 partment hosts a community meeting open to the
19 public on improving health care furnished by the
20 Secretary.

21 (b) ATTENDANCE BY DIRECTOR OF VETERANS INTE-
22 GRATED SERVICE NETWORK OR DESIGNEE.—

23 (1) IN GENERAL.—Each community meeting
24 hosted by a medical facility or community based out-
25 patient clinic under subsection (a) shall be attended

1 by the Director of the Veterans Integrated Service
2 Network in which the medical facility or community
3 based outpatient clinic, as the case may be, is lo-
4 cated. Subject to paragraph (2), the Director may
5 delegate such attendance only to an employee who
6 works in the Office of the Director.

7 (2) ATTENDANCE BY DIRECTOR.—Each Direc-
8 tor of a Veterans Integrated Service Network shall
9 personally attend not less than one community meet-
10 ing under subsection (a) hosted by each medical fa-
11 cility located in the Veterans Integrated Service Net-
12 work each year.

13 (c) NOTICE.—The Secretary shall notify the Com-
14 mittee on Veterans' Affairs of the Senate, the Committee
15 on Veterans' Affairs of the House of Representatives, and
16 each Member of Congress (as defined in section 104) who
17 represents the area in which the medical facility is located
18 of a community meeting under subsection (a) by not later
19 than 10 days before such community meeting occurs.

20 **SEC. 202. IMPROVEMENT OF AWARENESS OF PATIENT AD-**
21 **VOCACY PROGRAM AND PATIENT BILL OF**
22 **RIGHTS OF DEPARTMENT OF VETERANS AF-**
23 **FAIRS.**

24 Not later than 90 days after the date of the enact-
25 ment of this Act, the Secretary of Veterans Affairs shall,

1 in as many prominent locations as the Secretary deter-
2 mines appropriate to be seen by the largest percentage of
3 patients and family members of patients at each medical
4 facility of the Department of Veterans Affairs—

5 (1) display the purposes of the Patient Advo-
6 cacy Program of the Department and the contact in-
7 formation for the patient advocate at such medical
8 facility; and

9 (2) display the rights and responsibilities of—

10 (A) patients and family members and pa-
11 tients at such medical facility; and

12 (B) with respect to community living cen-
13 ters and other residential facilities of the De-
14 partment, residents and family members of resi-
15 dents at such medical facility.

16 **SEC. 203. COMPTROLLER GENERAL REPORT ON PATIENT**
17 **ADVOCACY PROGRAM OF DEPARTMENT OF**
18 **VETERANS AFFAIRS.**

19 (a) IN GENERAL.—Not later than two years after the
20 date of the enactment of this Act, the Comptroller General
21 of the United States shall submit to the Committee on
22 Veterans' Affairs of the Senate and the Committee on Vet-
23 erans' Affairs of the House of Representatives a report
24 on the Patient Advocacy Program of the Department of

1 Veterans Affairs (in this section referred to as the “Pro-
2 gram”).

3 (b) ELEMENTS.—The report required by subsection
4 (a) shall include the following:

5 (1) A description of the Program, including—

6 (A) the purpose of the Program;

7 (B) the activities carried out under the
8 Program; and

9 (C) the sufficiency of the Program in
10 achieving the purpose of the Program.

11 (2) An assessment of the sufficiency of staffing
12 of employees of the Department responsible for car-
13 rying out the Program.

14 (3) An assessment of the sufficiency of the
15 training of such employees.

16 (4) An assessment of—

17 (A) the awareness of the Program among
18 veterans and family members of veterans; and

19 (B) the use of the Program by veterans
20 and family members of veterans.

21 (5) Such recommendations and proposals for
22 improving or modifying the Program as the Comp-
23 troller General considers appropriate.

1 (6) Such other information with respect to the
2 Program as the Comptroller General considers ap-
3 propriate.

4 **TITLE III—COMPLEMENTARY**
5 **AND INTEGRATIVE HEALTH**

6 **SEC. 301. EXPANSION OF RESEARCH AND EDUCATION ON**
7 **AND DELIVERY OF COMPLEMENTARY AND IN-**
8 **TEGRATIVE HEALTH TO VETERANS.**

9 (a) ESTABLISHMENT.—There is established a com-
10 mission to be known as the “Creating Options for Vet-
11 erans’ Expedited Recovery” or the “COVER Commission”
12 (in this Act referred to as the “Commission”). The Com-
13 mission shall examine the evidence-based therapy treat-
14 ment model used by the Secretary of Veterans Affairs for
15 treating mental health conditions of veterans and the po-
16 tential benefits of incorporating complementary alter-
17 native treatments available in non-Department facilities
18 (as defined in section 1701 of title 38, United States
19 Code).

20 (b) DUTIES.—The Commission shall perform the fol-
21 lowing duties:

22 (1) Examine the efficacy of the evidence-based
23 therapy model used by the Secretary for treating
24 mental health illnesses of veterans and identify areas
25 to improve wellness-based outcomes.

1 (2) Conduct a patient-centered survey within
2 each of the Veterans Integrated Service Networks to
3 examine—

4 (A) the experience of veterans with the De-
5 partment of Veterans Affairs when seeking
6 medical assistance for mental health issues
7 through the health care system of the Depart-
8 ment;

9 (B) the experience of veterans with non-
10 Department facilities and health professionals
11 for treating mental health issues;

12 (C) the preference of veterans regarding
13 available treatment for mental health issues and
14 which methods the veterans believe to be most
15 effective;

16 (D) the experience, if any, of veterans with
17 respect to the complementary alternative treat-
18 ment therapies described in paragraph (3);

19 (E) the prevalence of prescribing prescrip-
20 tion medication among veterans seeking treat-
21 ment through the health care system of the De-
22 partment as remedies for addressing mental
23 health issues; and

24 (F) the outreach efforts of the Secretary
25 regarding the availability of benefits and treat-

1 ments for veterans for addressing mental health
2 issues, including by identifying ways to reduce
3 barriers to gaps in such benefits and treat-
4 ments.

5 (3) Examine available research on complemen-
6 tary alternative treatment therapies for mental
7 health issues and identify what benefits could be
8 made with the inclusion of such treatments for vet-
9 erans, including with respect to—

- 10 (A) music therapy;
- 11 (B) equine therapy;
- 12 (C) training and caring for service dogs;
- 13 (D) yoga therapy;
- 14 (E) acupuncture therapy;
- 15 (F) meditation therapy;
- 16 (G) outdoor sports therapy;
- 17 (H) hyperbaric oxygen therapy;
- 18 (I) accelerated resolution therapy;
- 19 (J) art therapy;
- 20 (K) magnetic resonance therapy; and
- 21 (L) other therapies the Commission deter-
22 mines appropriate.

23 (4) Study the sufficiency of the resources of the
24 Department to ensure the delivery of quality health

1 care for mental health issues among veterans seek-
2 ing treatment within the Department.

3 (5) Study the current treatments and resources
4 available within the Department and assess—

5 (A) the effectiveness of such treatments
6 and resources in decreasing the number of sui-
7 cides per day by veterans;

8 (B) the number of veterans who have been
9 diagnosed with mental health issues;

10 (C) the percentage of veterans using the
11 resources of the Department who have been di-
12 agnosed with mental health issues;

13 (D) the percentage of veterans who have
14 completed counseling sessions offered by the
15 Department; and

16 (E) the efforts of the Department to ex-
17 pand complementary alternative treatments via-
18 ble to the recovery of veterans with mental
19 health issues as determined by the Secretary to
20 improve the effectiveness of treatments offered
21 with the Department.

22 (c) MEMBERSHIP.—

23 (1) IN GENERAL.—The Commission shall be
24 composed of 10 members, appointed as follows:

1 (A) Two members appointed by the Speak-
2 er of the House of Representatives, at least one
3 of whom shall be a veteran.

4 (B) Two members appointed by the Minor-
5 ity Leader of the House of Representatives, at
6 least one of whom shall be a veteran.

7 (C) Two members appointed by the Major-
8 ity Leader of the Senate, at least one of whom
9 shall be a veteran.

10 (D) Two members appointed by the Minor-
11 ity Leader of the Senate, at least one of whom
12 shall be a veteran.

13 (E) Two members appointed by the Presi-
14 dent, at least one of whom shall be a veteran.

15 (2) QUALIFICATIONS.—Members of the Com-
16 mission shall be—

17 (A) individuals who are of recognized
18 standing and distinction within the medical
19 community with a background in treating men-
20 tal health;

21 (B) individuals with experience working
22 with the military and veteran population; and

23 (C) individuals who do not have a financial
24 interest in any of the complementary alternative
25 treatments reviewed by the Commission.

1 (3) CHAIRMAN.—The President shall designate
2 a member of the Commission to be the Chairman.

3 (4) PERIOD OF APPOINTMENT.—Members of
4 the Commission shall be appointed for the life of the
5 Commission.

6 (5) VACANCY.—A vacancy in the Commission
7 shall be filled in the manner in which the original
8 appointment was made.

9 (6) APPOINTMENT DEADLINE.—The appoint-
10 ment of members of the Commission in this section
11 shall be made not later than 90 days after the date
12 of the enactment of this Act.

13 (d) POWERS OF COMMISSION.—

14 (1) MEETINGS.—

15 (A) INITIAL MEETING.—The Commission
16 shall hold its first meeting not later than 30
17 days after a majority of members are appointed
18 to the Commission.

19 (B) MEETING.—The Commission shall reg-
20 ularly meet at the call of the Chairman. Such
21 meetings may be carried out through the use of
22 telephonic or other appropriate telecommuni-
23 cation technology if the Commission determines
24 that such technology will allow the members to
25 communicate simultaneously.

1 (2) HEARINGS.—The Commission may hold
2 such hearings, sit and act at such times and places,
3 take such testimony, and receive evidence as the
4 Commission considers advisable to carry out the re-
5 sponsibilities of the Commission.

6 (3) INFORMATION FROM FEDERAL AGENCIES.—
7 The Commission may secure directly from any de-
8 partment or agency of the Federal Government such
9 information as the Commission considers necessary
10 to carry out the duties of the Commission.

11 (4) INFORMATION FROM NONGOVERNMENTAL
12 ORGANIZATIONS.—In carrying out its duties, the
13 Commission may seek guidance through consultation
14 with foundations, veteran service organizations, non-
15 profit groups, faith-based organizations, private and
16 public institutions of higher education, and other or-
17 ganizations as the Commission determines appro-
18 priate.

19 (5) COMMISSION RECORDS.—The Commission
20 shall keep an accurate and complete record of the
21 actions and meeting of the Commission. Such record
22 shall be made available for public inspection and the
23 Comptroller General of the United States may audit
24 and examine such record.

1 (6) PERSONNEL RECORDS.—The Commission
2 shall keep an accurate and complete record of the
3 actions and meetings of the Commission. Such
4 record shall be made available for public inspection
5 and the Comptroller General of the United States
6 may audit and examine such records.

7 (7) COMPENSATION OF MEMBERS; TRAVEL EX-
8 PENSES.—Each member shall serve without pay but
9 shall receive travel expenses to perform the duties of
10 the Commission, including per diem in lieu of sub-
11 stances, at rates authorized under subchapter I of
12 chapter 57 of title 5, United States Code.

13 (8) STAFF.—The Chairman, in accordance with
14 rules agreed upon the Commission, may appoint fix
15 the compensation of a staff director and such other
16 personnel as may be necessary to enable the Com-
17 mission to carry out its functions, without regard to
18 the provisions of title 5, United States Code, gov-
19 erning appointments in the competitive service, with-
20 out regard to the provision of chapter 51 and sub-
21 chapter III of chapter 53 of such title relating to
22 classification and General Schedule pay rates, except
23 that no rate of pay fixed under this paragraph may
24 exceed the equivalent of that payable for a position

1 at a level IV of the Executive Schedule under section
2 5316 of title 5, United States Code.

3 (9) PERSONNEL AS FEDERAL EMPLOYEES.—

4 (A) IN GENERAL.—The executive director
5 and any personnel of the Commission are em-
6 ployees under section 2105 of title 5, United
7 States Code, for purpose of chapters 63, 81, 83,
8 84, 85, 87, 89, and 90 of such title.

9 (B) MEMBERS OF THE COMMISSION.—

10 Subparagraph (A) shall not be construed to
11 apply to members of the Commission.

12 (10) CONTRACTING.—The Commission may, to
13 such extent and in such amounts as are provided in
14 appropriations Acts, enter into contracts to enable
15 the Commission to discharge the duties of the Com-
16 mission under this Act.

17 (11) EXPERT AND CONSULTANT SERVICE.—The
18 Commission may procure the services of experts and
19 consultants in accordance with section 3109 or title
20 5, United States Code, at rates not to exceed the
21 daily rate paid to a person occupying a position at
22 level IV of the Executive Schedule under section
23 3109 of title 5, United States Code.

24 (12) POSTAL SERVICE.—The Commission may
25 use the United States mails in the same manner and

1 under the same conditions as departments and agen-
2 cies of the United States.

3 (13) PHYSICAL FACILITIES AND EQUIPMENT.—

4 Upon the request of the Commission, the Adminis-
5 trator of General Services shall provide to the Com-
6 mission, on a reimbursable basis, the administrative
7 support services necessary for the Commission to
8 carry out its responsibilities under this Act. These
9 administrative services may include human resource
10 management, budget, leasing accounting, and payroll
11 services.

12 (e) REPORT.—

13 (1) INTERIM REPORTS.—

14 (A) IN GENERAL.—Not later than 60 days
15 after the date on which the Commission first
16 meets, and each 30-day period thereafter end-
17 ing on the date on which the Commission sub-
18 mits the final report under paragraph (2), the
19 Commission shall submit to the Committees on
20 Veterans' Affairs of the House of Representa-
21 tives and the Senate and the President a report
22 detailing the level of cooperation the Secretary
23 of Veterans Affairs (and the heads of other de-
24 partments or agencies of the Federal Govern-
25 ment) has provided to the Commission.

1 (B) OTHER REPORTS.—In carrying out its
2 duties, at times that the Commission deter-
3 mines appropriate, the Commission shall submit
4 to the Committee on Veterans' Affairs of the
5 House of Representatives and the Senate and
6 any other appropriate entities an interim report
7 with respect to the findings identified by the
8 Commission.

9 (2) FINAL REPORT.—Not later than 18 months
10 after the first meeting of the Commission, the Com-
11 mission shall submit to the Committee on Veterans'
12 Affairs of the House of Representatives and the Sen-
13 ate, the President, and the Secretary of Veterans Af-
14 fairs a final report on the findings of the Commis-
15 sion. Such report shall include the following:

16 (A) Recommendations to implement in a
17 feasible, timely, and cost efficient manner the
18 solutions and remedies identified within the
19 findings of the Commission pursuant to sub-
20 section (b).

21 (B) An analysis of the evidence-based ther-
22 apy model used by the Secretary of Veterans
23 Affairs for treating veterans with mental health
24 care issues, and an examination of the preva-

1 lence and efficacy of prescription drugs as a
2 means for treatment.

3 (C) The findings of the patient-centered
4 survey conducted within each of the Veterans
5 Integrated Service Networks pursuant to sub-
6 section (b)(2).

7 (D) An examination of complementary al-
8 ternative treatments described in subsection
9 (b)(3) and the potential benefits of incor-
10 porating such treatments in the therapy models
11 used by the Secretary for treating veterans with
12 mental health issues.

13 (3) PLAN.—Not later than 90 days after the
14 date on which the Commission submits the final re-
15 port under paragraph (2), the Secretary of Veterans
16 Affairs shall submit to the Committee on Veterans’
17 Affairs of the House of Representatives and the Sen-
18 ate a report on the following:

19 (A) An action plan for implementing the
20 recommendations established by the Commis-
21 sion on such solutions and remedies for improv-
22 ing wellness-based outcomes for veterans with
23 mental health care issues.

24 (B) A feasible timeframe on when the com-
25 plementary alternative treatments described in

1 subsection (b)(3) can be implemented Depart-
2 mentwide.

3 (C) With respect to each recommendation
4 established by the Commission, including any
5 complementary alternative treatment, that the
6 Secretary determines is not appropriate or fea-
7 sible to implement, a justification for such de-
8 termination and an alternative solution to im-
9 prove the efficacy of the therapy models used by
10 the Secretary for treating veterans with mental
11 health issues.

12 (f) TERMINATION OF COMMISSION.—The Commis-
13 sion shall terminate 30 days after the Commission submits
14 the final report under subsection (e)(2).

15 **SEC. 302. PILOT PROGRAM ON INTEGRATION OF COM-**
16 **PLEMENTARY ALTERNATIVE MEDICINES AND**
17 **RELATED ISSUES FOR VETERANS AND FAM-**
18 **ILY MEMBERS OF VETERANS.**

19 (a) PILOT PROGRAM.—

20 (1) IN GENERAL.—Not later than 180 days
21 after the date on which the Secretary of Veterans
22 Affairs receives the final report under section
23 301(e), the Secretary shall commence a pilot pro-
24 gram to assess the feasibility and advisability of
25 using wellness-based programs (as defined by the

1 Secretary) to complement the provision of pain man-
2 agement and related health care services, including
3 mental health care services, to veterans.

4 (2) MATTERS ADDRESSED.—In carrying out the
5 pilot program, the Secretary shall assess the fol-
6 lowing:

7 (A) Means of improving coordination be-
8 tween Federal, State, local, and community pro-
9 viders of health care in the provision of pain
10 management and related health care services to
11 veterans.

12 (B) Means of enhancing outreach, and co-
13 ordination of outreach, by and among providers
14 of health care referred to in subparagraph (A)
15 on the pain management and related health
16 care services available to veterans.

17 (C) Means of using wellness-based pro-
18 grams of providers of health care referred to in
19 subparagraph (A) as complements to the provi-
20 sion by the Department of pain management
21 and related health care services to veterans.

22 (D) Whether wellness-based programs de-
23 scribed in subparagraph (C)—

24 (i) are effective in enhancing the qual-
25 ity of life and well-being of veterans;

1 (ii) are effective in increasing the ad-
2 herence of veterans to the primary pain
3 management and related health care serv-
4 ices provided such veterans by the Depart-
5 ment;

6 (iii) have an effect on the sense of
7 well-being of veterans who receive primary
8 pain management and related health care
9 services from the Department; and

10 (iv) are effective in encouraging vet-
11 erans receiving health care from the De-
12 partment to adopt a more healthy lifestyle.

13 (b) DURATION.—The Secretary shall carry out the
14 pilot program under subsection (a)(1) for a period of three
15 years.

16 (c) LOCATIONS.—

17 (1) FACILITIES.—The Secretary shall carry out
18 the pilot program under subsection (a)(1) at facili-
19 ties of the Department providing pain management
20 and related health care services, including mental
21 health care services, to veterans. In selecting such
22 facilities to carry out the pilot program, the Sec-
23 retary shall select not fewer than 15 medical centers
24 of the Department, of which not fewer than two

1 shall be polytrauma rehabilitation centers of the De-
2 partment.

3 (2) MEDICAL CENTERS WITH PRESCRIPTION
4 RATES OF OPIOIDS THAT CONFLICT WITH CARE
5 STANDARDS.—In selecting the medical centers under
6 paragraph (1), the Secretary shall give priority to
7 medical centers of the Department at which there is
8 a prescription rate of opioids that conflicts with or
9 is otherwise inconsistent with the standards of ap-
10 propriate and safe care.

11 (d) PROVISION OF SERVICES.—Under the pilot pro-
12 gram under subsection (a)(1), the Secretary shall provide
13 covered services to covered veterans by integrating com-
14 plementary and alternative medicines and integrative
15 health services with other services provided by the Depart-
16 ment at the medical centers selected under subsection (c).

17 (e) COVERED VETERANS.—For purposes of the pilot
18 program under subsection (a)(1), a covered veteran is any
19 veteran who—

20 (1) has a mental health condition diagnosed by
21 a clinician of the Department;

22 (2) experiences chronic pain;

23 (3) has a chronic condition being treated by a
24 clinician of the Department; or

1 (4) is not described in paragraph (1), (2), or
2 (3) and requests to participate in the pilot program
3 or is referred by a clinician of the Department who
4 is treating the veteran.

5 (f) COVERED SERVICES.—

6 (1) IN GENERAL.—For purposes of the pilot
7 program, covered services are services consisting of
8 complementary and integrative health services as se-
9 lected by the Secretary.

10 (2) ADMINISTRATION OF SERVICES.—Covered
11 services shall be administered under the pilot pro-
12 gram as follows:

13 (A) Covered services shall be administered
14 by professionals or other instructors with ap-
15 propriate training and expertise in complemen-
16 tary and integrative health services who are em-
17 ployees of the Department or with whom the
18 Department enters into an agreement to pro-
19 vide such services.

20 (B) Covered services shall be included as
21 part of the Patient Aligned Care Teams initia-
22 tive of the Office of Patient Care Services, Pri-
23 mary Care Program Office, in coordination with
24 the Office of Patient Centered Care and Cul-
25 tural Transformation.

1 (C) Covered services shall be made avail-
2 able to—

3 (i) covered veterans who have received
4 conventional treatments from the Depart-
5 ment for the conditions for which the cov-
6 ered veteran seeks complementary and in-
7 tegrative health services under the pilot
8 program; and

9 (ii) covered veterans who have not re-
10 ceived conventional treatments from the
11 Department for such conditions.

12 (g) REPORTS.—

13 (1) IN GENERAL.—Not later than 30 months
14 after the date on which the Secretary commences the
15 pilot program under subsection (a)(1), the Secretary
16 shall submit to the Committee on Veterans' Affairs
17 of the Senate and the Committee on Veterans' Af-
18 fairs of the House of Representatives a report on the
19 pilot program.

20 (2) ELEMENTS.—The report under paragraph
21 (1) shall include the following:

22 (A) The findings and conclusions of the
23 Secretary with respect to the pilot program
24 under subsection (a)(1), including with respect
25 to—

1 (i) the use and efficacy of the com-
2 plementary and integrative health services
3 established under the pilot program;

4 (ii) the outreach conducted by the
5 Secretary to inform veterans and commu-
6 nity organizations about the pilot program;
7 and

8 (iii) an assessment of the benefit of
9 the pilot program to covered veterans in
10 mental health diagnoses, pain manage-
11 ment, and treatment of chronic illness.

12 (B) Identification of any unresolved bar-
13 riers that impede the ability of the Secretary to
14 incorporate complementary and integrative
15 health services with other health care services
16 provided by the Department.

17 (C) Such recommendations for the continu-
18 ation or expansion of the pilot program as the
19 Secretary considers appropriate.

20 (h) COMPLEMENTARY AND INTEGRATIVE HEALTH
21 DEFINED.—In this section, the term “complementary and
22 integrative health” shall have the meaning given that term
23 by the National Institutes of Health.

1 **TITLE IV—FITNESS OF HEALTH**
2 **CARE PROVIDERS**

3 **SEC. 401. ADDITIONAL REQUIREMENTS FOR HIRING OF**
4 **HEALTH CARE PROVIDERS BY DEPARTMENT**
5 **OF VETERANS AFFAIRS.**

6 As part of the hiring process for each health care pro-
7 vider considered for a position at the Department of Vet-
8 erans Affairs after the date of the enactment of the Act,
9 the Secretary of Veterans Affairs shall require from the
10 medical board of each State in which the health care pro-
11 vider has a medical license—

12 (1) information on any violation of the require-
13 ments of the medical license of the health care pro-
14 vider during the 20-year period preceding the con-
15 sideration of the health care provider by the Depart-
16 ment; and

17 (2) information on whether the health care pro-
18 vider has entered into any settlement agreement for
19 the disciplinary charge relating to the practice of
20 medicine by the health care provider.

21 **SEC. 402. PROVISION OF INFORMATION ON HEALTH CARE**
22 **PROVIDERS OF DEPARTMENT OF VETERANS**
23 **AFFAIRS TO STATE MEDICAL BOARDS.**

24 Notwithstanding section 552a of title 5, United
25 States Code, with respect to each health care provider of

1 the Department of Veterans Affairs who has violated a
2 requirement of the medical license of the health care pro-
3 vider, the Secretary of Veterans Affairs shall provide to
4 the medical board of each State in which the health care
5 provider is licensed detailed information with respect to
6 such violation, regardless of whether such board has for-
7 mally requested such information.

8 **SEC. 403. REPORT ON COMPLIANCE BY DEPARTMENT OF**
9 **VETERANS AFFAIRS WITH REVIEWS OF**
10 **HEALTH CARE PROVIDERS LEAVING THE DE-**
11 **PARTMENT OR TRANSFERRING TO OTHER**
12 **FACILITIES.**

13 Not later than two years after the date of the enact-
14 ment of this Act, the Secretary of Veterans Affairs shall
15 submit to the Committee on Veterans' Affairs of the Sen-
16 ate and the Committee on Veterans' Affairs of the House
17 of Representatives a report on the compliance by the De-
18 partment of Veterans Affairs with the policy of the De-
19 partment—

20 (1) to conduct a review of each health care pro-
21 vider of the Department who transfers to another
22 medical facility of the Department, retires, or is ter-
23 minated to determine whether there are any con-
24 cerns, complaints, or allegations of violations relat-

1 ing to the medical practice of the health care pro-
2 vider; and

3 (2) to take appropriate action with respect to
4 any such concern, complaint, or allegation.

5 **TITLE V—OTHER VETERANS**
6 **MATTERS**

7 **SEC. 501. AUDIT OF VETERANS HEALTH ADMINISTRATION**
8 **PROGRAMS OF DEPARTMENT OF VETERANS**
9 **AFFAIRS.**

10 (a) AUDIT.—The Secretary of Veterans Affairs shall
11 seek to enter into a contract with a nongovernmental enti-
12 ty under which the entity shall conduct a audits of the
13 programs of the Veterans Health Administration of the
14 Department of Veterans Affairs to identify ways to im-
15 prove the furnishing of benefits and health care adminis-
16 tered by the Veterans Health Administration to veterans
17 and families of veterans.

18 (b) AUDIT REQUIREMENTS.—In carrying out each
19 audit under subsection (a), the entity shall perform the
20 following:

21 (1) Five-year risk assessments to identify the
22 functions, staff organizations, and staff offices of the
23 Veterans Health Administration that would lead to-
24 wards the greatest improvement in furnishing of

1 benefits and health care to veterans and families of
2 veterans.

3 (2) Development of plans that are informed by
4 the risk assessment under paragraph (1) to conduct
5 audits of the functions, staff organizations, and staff
6 offices identified under paragraph (1).

7 (3) Conduct audits in accordance with the plans
8 developed pursuant to paragraph (2).

9 (c) REPORTS.—Not later than 90 days after the date
10 on which each audit is completed under subsection (a),
11 the Secretary shall submit to the Committees on Veterans’
12 Affairs of the House of Representatives and the Senate
13 a report that includes—

14 (1) a summary of the audit;

15 (2) the findings of the entity that conducted the
16 audit with respect to the audit; and

17 (3) such recommendations as the Secretary de-
18 termines appropriate for legislative or administrative
19 action to improve the furnishing of benefits and
20 health care to veterans and families of veterans.

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